Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	03/25/2010	Address:	S.R. 258 @
Case #:	<u>42-30298</u>		<u>C.R. 100 E.</u>
County:	<u>JACKSON</u>		SEYMOUR, IN.
Type of La	aboratory Seizure (check one)	Seizure Location (check all that apply)
Chemic	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☑ Open – No Structure ☐ Other:
(check all th	/Ammonia Reaction(s):		
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: IN TANK ALONG ROADWAY			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
	•		
☐ Yes ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine	e <u>Information</u> e/Pseudoephedrine Tracking Log erchant Tip
This report	is to be faxed to the following agen	cies that serve the lo	cation:
Fire Department: <u>HAMILTON TWNSHP FIRE</u> Health Department: <u>JACKSON CO.</u> Child Protection Service: <u>N/A</u>		Fax: <u>812-52</u> Fax: <u>812-52</u> Fax: <u>N/A</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: TRP. MARTIN A. MEAD Phone 812-522-1441			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.